

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 30125	2. Name of Corporation Saint John Baptist Mary Vianney Church				
3 State of Incorporation		Rhode Island - Street Addre			
Rhode Island		mond Hill R		Cumberland	02864
5. Foreign corporation. Enter principal office address			T _{City}		
	- A. The Styles State Co.		Cap	State	Zip
6. Brief Description of the character of	of the affairs which are ac	tually conducted in Rhode 1	sland	<u> </u>	
Religious					
_	OF THE OFFICERS	. ("V" DAV FAD ITTIC	HMENT) [FILL IN SPACES I		
President Name	OF THE OFFICERS	: (A BUA FOR ATTAC.	l l	BEFORE USING ATTACE	IMENTS
Bishop Thomas J. Tobin			Nice President Name Msgr. Paul D. Theroux		
Straut Address			Street Address		
1 Cathedral Square			Street Address Cathedral Square		
city Providence	State R.I.	Zip	City	State	Zip
	п.1.	02903	Providence	R.I.	02903
Secretary Name			Treasurer Name		
Rev. Raymond C. Theroux			Rev. Raymond C. Theroux		
3609 Diamond Hill Road			Street Address 3609 Diamond Hill Road		
City	State	Zip	Gity Dlamond	H111 Hoad	I.a
Cumberland	R.I.	02864			Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR		│ Cumberland CHMENT)[]FILLIN SPACES	I R.I.	02864
THE NUMBER OF DIRECTO	RS OF A DOMESTIC	C (RHODE ISLAND)	COPPODATION SHALL NOT	DE LESS THAN THERE	IMENIS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) (水水水水水 Trustee			DAXXXX Trustee		
Paul Lambert			Eric Swider		
Street Address			Street Address		
43 Rosewood Lane			43 Circuit Drive		
City	State	Zip	City	State	Zip
Cumberland	R. I.	02864	Cumberland	R. I.	02864
▷¾¾¼¾¼¼ Trustee Robert Draper			Director Name		
Street Address			Street Address		
2970 Mendon Road, Unit #135			street Address		
	State	Zip	City	State	Zip
Cumberland	R. I.	02864	1		
	HODE ISLAND - DO	NOT ALTER - Chan	ges require filing of Form 6	41 - R.I.G.L. 7-6-13 / 7-	6-78
Agent Name			Address		
·	nd C. Ther	oux			
Address			City	Zip	
3609 Diamond Hill Road			Cumberland	02864	
This report must b	a cionad by aither th	a Dravidant Winn Drav	Maria B		_

st be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	report, incli
File Date FILED	statements Kew K
Check No. JUN 0 4 2008	Signature of
By: By 14932	Raymo Print or Typ
FOR SECRETARY OF STATE USE ONLY	Secre

Under penalty of perjury, I declare and affirm that I have examined this uding any accompanying schedules and statements, and that all contained herein are true and correct. ord C. Theroux e Name of Officer etary/Treasurer

Form 631 Rev. 12/06